CONSULTATION SKILLS

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Intended Learning Outcomes

- Outline why a systematic approach patient consultation is required.
- Discuss how to prepare for consultation.
- Identify the key skills required to initiate and undertake patient consultations.
- Describe the areas of information that need to be covered, to gain an accurate history.
- Discuss the term ‘safety netting’ and how it can be achieved.
- Demonstrate the consultation skills.

What is Consultation?

- Asking questions of patients to obtain information that aid diagnosis.
- Gathering data both objective and subjective for the purpose of generating differential diagnoses, evaluating progress following a specific treatment/procedure and evaluating change in the patient's condition or the impact of a specific disease process.

(Kings College London 2013)

“Always listen to the patient they might be telling you the diagnosis”.

(Sir William Osler 1849 - 1919)

Key Principles of Patient Assessment

- It is estimated that 80% of diagnoses are based on history taking alone.
- Use a systematic approach.
- Practice infection control techniques.
- Establish a rapport with the patient.
- Ensure the patient is as comfortable as possible.
- Listen to what the patient says.

(Scott 2013, Talley and O'Connor 2010, Jevon 2009)

Key Principles of Patient Assessment

- Ensure consent has been gained.
- Maintain privacy and dignity.
- Summarise each stage of the consultation process.
- Involve the patient in the process.
- Maintain an objective approach.
- Ensure that your documentation (of the assessment) is clear, accurate and legible.

(Scott 2013, Talley and O'Connor 2010, Jevon 2009)

Assessment (Consultation) Models

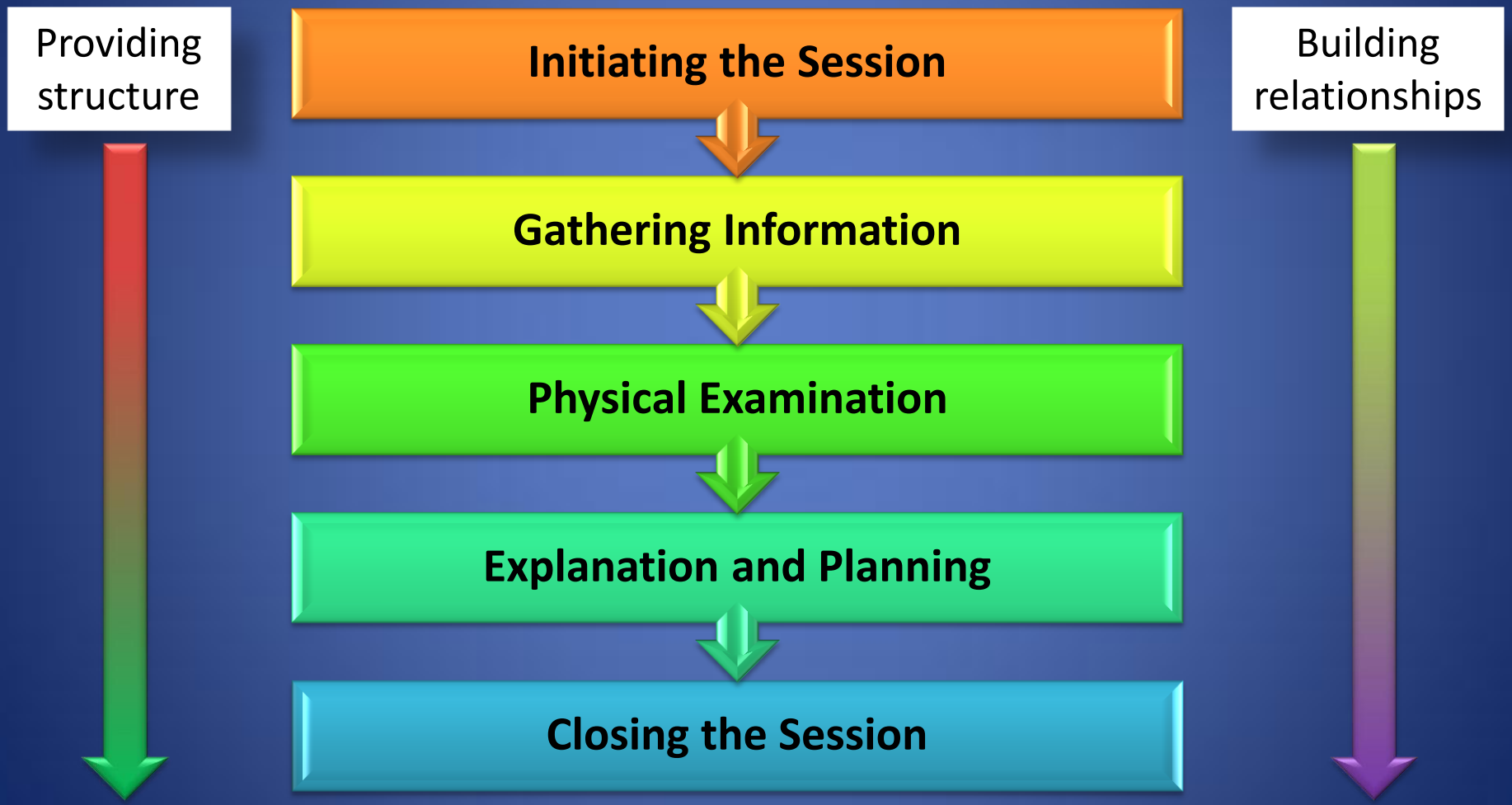
- The use of assessment models is dependant upon the condition of the patient, e.g. the ABCDE approach (Styner 1976) for ER or critically ill.
- Systematic, structured and suitable model.
- Inter-professional (i.e. shared understanding and documentation).

Assessment (Consultation) Models

- Transactional Analysis (Berne 1964)
- The Medical Model (Unknown author 1960s)
- Physical, Psychological and Social (Royal College of General Practitioners 1972)
- Folk Model (Helman 1981)
- The Disease – Illness Model (McWhinney 1984)
- Calgary-Cambridge (Kurtz and Sliverman 1996)
- Narrative-based Medicine (Launer 2002)

Calgary-Cambridge Consultation Guide

(Kurtz et al. 2005)



Initiating the Session

- Preparation
- Establish rapport
- Identify the reason for the consultation

Initiating the Session
Preparation

- Prepare:
    1. Yourself
    2. The environment

*"If in a bad mood or distracted during the consultation, you can end up **making** a history rather than **taking** a history".*

(Kaufmann 2008)

Initiating the Session
Establishing rapport

- Initial greeting
- Introductions
- Seeking consent
- Respecting the patient

Initiating the Session
Establishing rapport

Common Pitfalls of History Taking

1. Providing false reassurance
2. Giving unwanted advice
3. Using authority
4. Using “why” questions
5. Using professional jargon
6. Using leading or biased questions
7. Talking too much
8. Interrupting or changing the subject

(Jarvis 2012, Lloyd and Craig 2007)

Initiating the Session
Establishing rapport

• **S**	Sits **square** on facing the patient
• **O**	Maintains **open** body position
• **L**	**Leans** slightly forward
• **E**	**Eye** contact is maintained
• **R**	**Relaxed** (in an appropriate posture) (Kaufman 2008)

Positive and Negative Non-verbal Behaviours

Initiating the Session

Identifying the reason for the consultation

- **Open questions**:
  - Always start with an open ended question and take the time to listen to the patient's 'story'.
- **Closed questions**:
  - Once the patient has completed their narrative to closed questions which clarify and focus on aspects can be used.
- **Leading questions**:
  - Questions based on your own assumptions that lead the patient to the answer you want to hear. These should not be used at all.

Initiating the Session

Identifying the reason for the consultation

Open questions:

- "How can I help you?"
- "You said you have pain on movement, can you tell me which movements makes your pain worse?"

Closed questions:

- "Are you still taking the aspirin your GP prescribed?"
- "Is that an accurate summary of your symptoms?"

Leading questions:

- "You are not allergic to anything are you?"
- "Are your joints painful in cold weather?"

Initiating the Session

- The practitioner's role combines:
  - Establishing rapport
  - Listening
  - Demonstrating empathy
  - Facilitating
  - Clarifying

NB: this role is performed throughout the whole history taking and clinical examination process.

Gathering Information

- The second stage of the Calgary-Cambridge guide involves the exploration of the patient's problem(s), in order to discover:

  ☑ Biomedical perspective
  ☑ Patient's perspective
  ☑ Background information (the context)

1. Presenting complaint(s) (PC)	
• Principle complaint	
2. History of presenting complaint(s) (HPC):	
• Details of current complaint • Effects of complaint on activities of living	• SOCRATES or PQRST
3. Past/Previous medical history (PMH)	
• Past illnesses, hospitalisations, operations	• Past treatments
4. Drug history and Allergies	
• Prescribed medication • Over the counter medication / herbal remedies	• Any side-effects or problems with medication • Any allergies
4. Social history (SH)	
• Occupation, Marital status, Accommodation, Hobbies, Social life	• Smoking and alcohol consumption • Diet, Sleeping, General wellbeing,
5. Family history (FH)	
6. Systems review	

(Jarvis 2012, Talley and O'Connor 2010)

Gathering Information
Symptom Analysis

- S
- O
- C
- R
- A
- T
- E
- S

Site
Onset
Character
Radiation (of pain or discomfort)
Alleviating factors
Timing
Exacerbating factors
Severity

(Talley and O'Connor 2010)

Gathering Information
Symptom Analysis

• **P**	**P**rovocative / palliative
• **Q**	**Q**uality
• **R**	**R**egion / radiation
• **S**	**S**everity
• **T**	**T**emporal / timing

Gathering Information
Patient's Perspective

- The patient's perspective of their condition:
- **ICE (EF)**
  - Ideas and beliefs
  - Concerns
  - Expectations
  - Effects on life
  - Feelings

Gathering Information

Systems Review

(Douglas et al. 2005)

Central Nervous System / Neurological:

- Headaches
- Head injury
- Dizziness
- Vertigo
- Sensations
- Fits / faints
- Weakness
- Visual disturbances
- Memory and concentration changes

Eye:

- Visual changes
- Redness
- Weeping
- Itching / irritation
- Discharge

Endocrine:

- Excessive thirst
- Tiredness
- Heat intolerance
- Hair distribution
- Change in appearance of eyes

Cardiovascular:

- Chest pain
- Breathlessness
- Palpitations
- Ankle swelling
- Pain in lower legs when walking

Gathering Information

Systems Review

Respiratory:
- Shortness of breath
- Cough
- Wheeze
- Sputum
- Colour of sputum
- Blood in sputum
- Pain when breathing

Ear, Nose and Throat: (***often incorporated into the Respiratory System review)***
- Earache
- Hearing deficit
- Sore throat

Gastrointestinal:
- Dental / gum problems
- Tongue problems
- Difficulty in swallowing
- Nausea
- Vomiting
- Heartburn
- Colic
- Abdominal pain
- Change of bowel habits
- Colour of stools

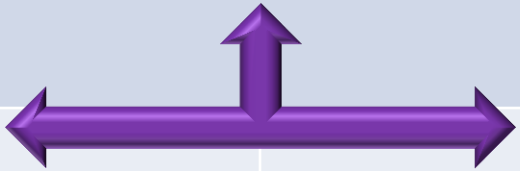
(Douglas et al. 2005)

Gathering Information

Systems Review

Genitourinary system:

- Pain on urination
- Blood in urine
- Sexually transmitted infections



Women:

- Onset of menstruation
- Last menstrual period
- Timing and regularity of periods
- Length of periods
- Type of flow
- Vaginal discharge
- Incontinence
- Pain during sexual intercourse

Men:

- Hesitancy passing urine
- Frequency of micturition
- Incontinence
- Urethral discharge
- Erectile dysfunction
- Change in libido

(Douglas et al. 2005)

Gathering Information

Systems Review

<u>Musculoskeletal</u>:
- Joint pain
- Joint stiffness
- Mobility
- Gait
- Falls
- Time of day of pain

<u>Integumentary (Skin)</u>:
- General pallor of patient, e.g. pale, flushed, cyanotic, jaundiced
- Rashes
- Lumps
- Itching
- Bruising

(Douglas et al. 2005)

Head to ...

... toe assessment

Gathering Information

- The practitioner's role combines:
  - Maintaining rapport
  - Listening
  - Demonstrating empathy
  - Facilitating
  - Clarifying
  - Summarising

Physical Examination

- The third Calgary-Cambridge stage concerns physical examination.
- Preparation is key:
  - WIPER
  - Explanation of the procedure
  - Consent sought
  - Privacy and dignity maintained
  - Chaperone (if required)

Explanation and Planning

- The fourth Calgary-Cambridge stage covers explanation and planning:

Explanation and Planning

- Providing the correct amount and type of information:
  - ‘Chunking and checking’.
  - Asks the patient what information they require.

- Aiding accurate recall of understanding:
  - Uses appropriate language.
  - Gives an appropriate explanation.

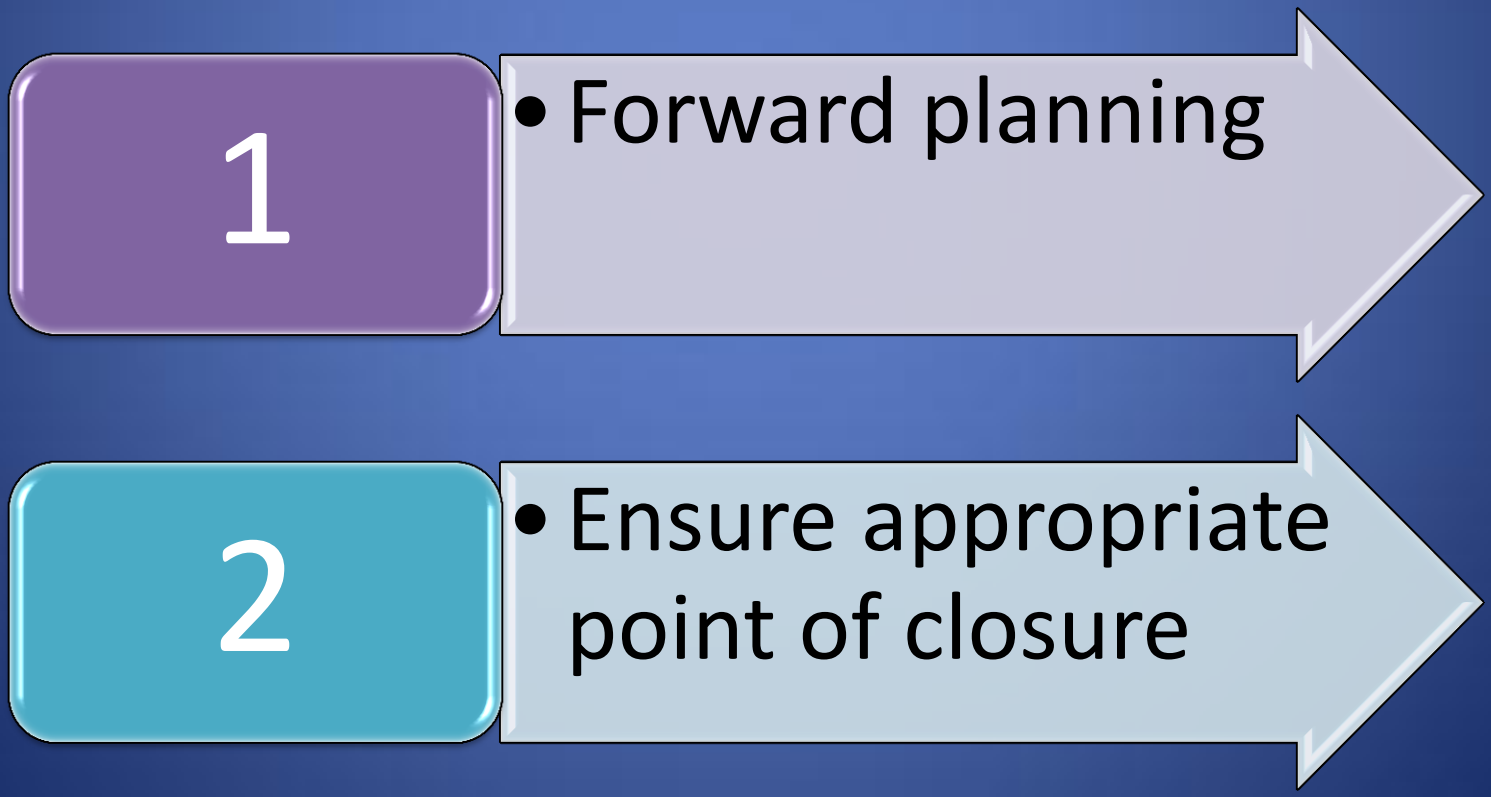
Explanation and Planning

- Achieving a shared understanding:
  - Relates explanations to the patient.
  - Encourages the patient to contribute.

- Planning, shared decision making:
  - Shares own thinking as appropriate.
  - Negotiates a plan.
  - Checks with the patient about the plan of action.

Closing the Session

- The final stage of the Calgary-Cambridge approach emphasises:



Closing the Session

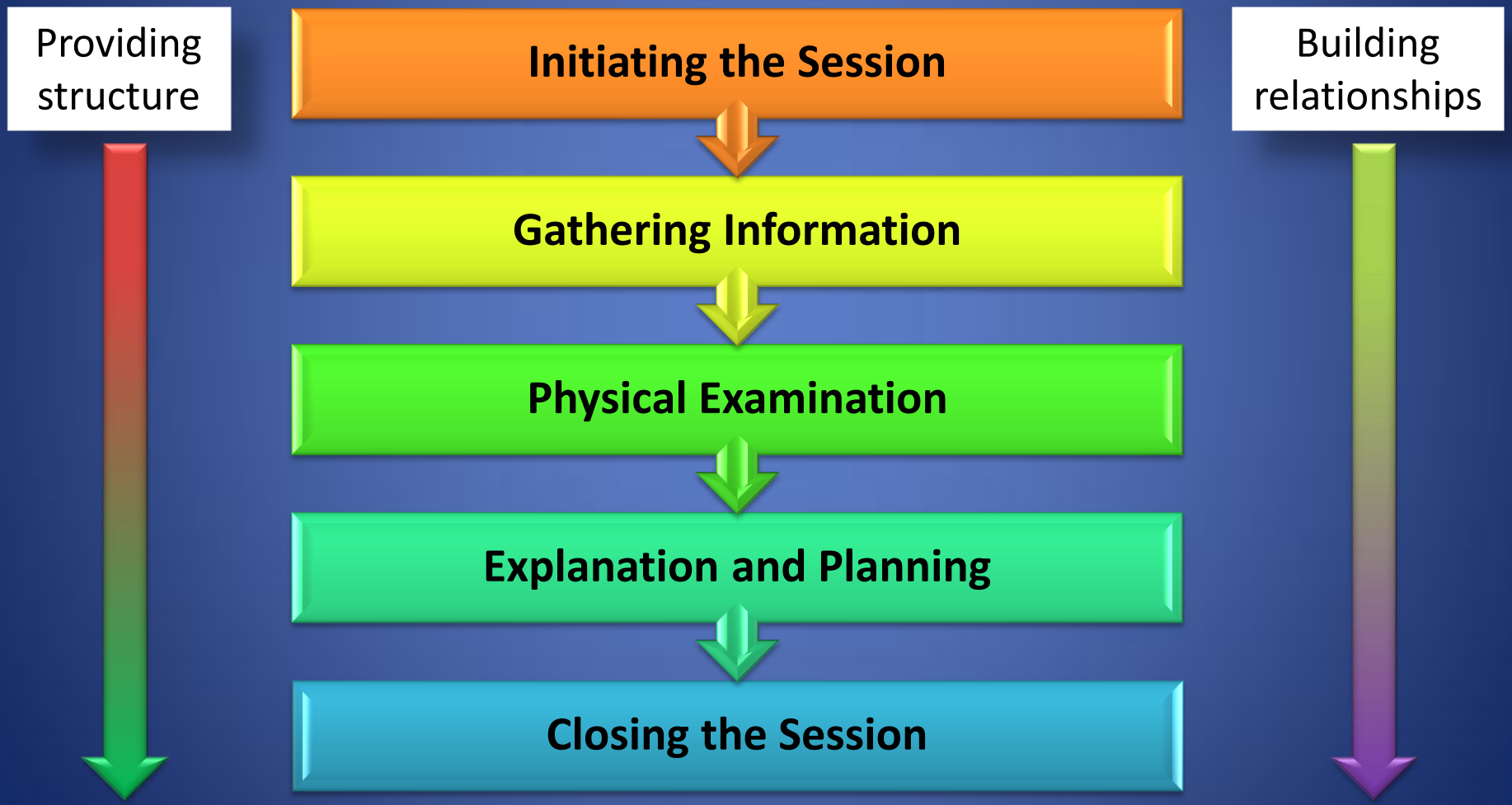
- Forward planning:
  - Discusses the next steps.
  - Possible opportunity for health education.
  - '**Safety netting**' covers an explanation of possible unknown outcomes, what to do if the plan is not working, when and how to seek help.

Closing the Session

- Ensuring appropriate point of closure:
  - Summarises consultation briefly (with the patient), clarifying plan of care.
  - Final check that the patient agrees and is comfortable with the plan, and asks for any corrections, questions and other items to discuss.
  - Include a brief written summary e.g. “This is a 64 year old smoker, with a 3 month history of central chest pain related to exercise. He has a 10 year history of hypertension”.

Calgary-Cambridge Consultation Guide

(Kurtz et al. 2005)



Summary

- Be systematic in your approach.
- Establish a rapport with the patient.
- Listen to what the patient is saying.
- Clarify and summarise information.
- Provide a ‘safety net’.
- Recognise own boundaries and seek senior support.
- Escalate and/or refer to the appropriate person.

“Medicine is learned at the bedside and not in the classroom”.

(Sir William Osler 1849 – 1919)

Further Learning Opportunities

- *Practice, practice, practice!*
- Observe fellow health practitioners undertaking patient assessments.
- Reflect (on the practice of others and on your own abilities and experiences).

Further Learning Opportunities

On-line:

Ambulance Technician Study	http://www.ambulancetechnicianstudy.co.uk/patassess.html
Critical Care Practitioner	http://www.criticalcarepractitioner.co.uk
GP-Training	http://www.gp-training.net/training/communication_skills/calgary/cambridge.pdf
University of Manchester	http://www.medicine.manchester.ac.uk/cbme/tutornotes/calgarycambridgeframework.pdf
Nurse Led Clinics	http://www.nurseledclinics.com
Nursing Standard	http://www.nursingstandard.co.uk (Subscription only)
Nursing Times	http://www.nursingtimes.net (Many articles can be downloaded)
Patient.co.uk	http://www.patient.co.uk/

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